

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 16 2005
OLMS DRON

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8468</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Roger</u> <u>Robinson</u> P.O. Box, Bldg., Room No., if any Street <u>14880 Truwood Court</u> City <u>Southgate</u> State <u>Michigan</u> ZIP Code + 4 <u>48195</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 876</u> Labor Organization File Number <u>039-461</u> P.O. Box, Building and Room Number, if any Street <u>876 Horace Brown Drive</u> City <u>Madison Heights</u> State <u>Michigan</u> ZIP Code + 4 <u>48071</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

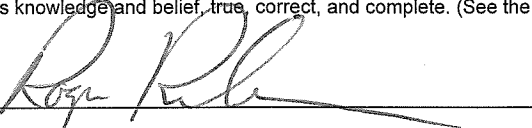
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/10/2004

Date

(248) 585-9671

Telephone Number

Name of Person Filing Roger Robinson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Michigan UFCW Unions & Employers H & W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Administration of Trust Fund benefits for participants</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trust Fund reimbursed my expenses for attendance at an out-of-town Board of Trustees Meeting and Educational Conference</p>
	<p>12.b. Amount. \$2,670</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Roger Robinson	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 101 N. Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-1724</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Michigan UFCW Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>11.a. Nature of such dealing. Benefits Consultant</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received. Meals</p> <hr/> <p>12.b. Amount. \$112</p>

Name of Person Filing Roger Robinson	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Health Alliance Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2850 West Grand Boulevard</p> <p>City Detroit</p> <p>State Michigan ZIP Code + 4 48202</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Michigan UFCW Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>11.a. Nature of such dealing.</p> <p>PPO Network</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Cordial glasses</p> <p>12.b. Amount. \$26</p>